MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43HH	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HALL HEALTH CARE CENTER	101 MILLS STREET BROOKHAVEN, MS 39601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 10/28/24 through 10/31/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M1570.	M 000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II	M1570	reparation and/or execution of this plan of	12/6/24

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M1570	Continued From page 1 Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure Enhanced Barrier Precautions (EBP) were followed by staff when providing direct care for residents with indwelling devices for two (2) of three (3) residents reviewed with indwelling devices. Residents #18 and #25 Findings Include: A review of the facility's policy titled, "Enhanced Barrier Precautions," (undated) revealed, "It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs) ... Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents colonized or infected with MDRO as well as those at increased risk for MDRO acquisition (e.g., residents with wounds or indwelling medical devices) ..." Resident #18 During an observation of catheter care on 10/30/24 at 10:46 AM, revealed Certified Nursing Assistant (CNA) #1 or CNA #2 did not put on a gown prior to beginning catheter care. The care was completed without either CNA ever putting on a gown. During an interview on 10/30/24 at 2:05 PM, CNA #1, an agency staff member with six years of experience, stated that she had not received training on Enhanced Barrier Precautions and confirmed that she did not apply a gown before providing care. A record review of the "Admission Record"	M1570	correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. This plan of correction constitutes the facilities credible allegation of compliance. M1570 Infection Control Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. This plan of correction constitutes the facilities credible allegation of compliance. * No resident suffered any adverse effects from this deficient practice. On November 12, 2024, Resident #18 and #25 was assessed by Registered Nurse and displayed no complications or adverse effects from this deficient practice. *All residents with catheters and percutaneous endoscopic gastrostomy tubes (PEG) have the potential to be affected by this deficient practice. *On October 31, 2024, Certified Nursing	

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M1570	Continued From page 2 revealed the facility admitted Resident #18 on 06/05/24. The resident's diagnoses included Urine Retention, Unspecified. A record review of Resident #18's "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 10/03/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Section H of the MDS was coded for Foley catheter use. Resident #25 On 10/31/24 at 8:55 AM, during an observation , Licensed Practical Nurse (LPN) #1 was observed performing PEG (Percutaneous Endoscopic Gastrostomy) tube care for Resident #25 without wearing a gown. During an interview on 10/31/24 at 9:11 AM, LPN #1 confirmed that she was aware of the EBP signage on Resident #25's door but was unsure if she was supposed to wear a gown. She stated that she had received EBP training but was uncertain of the requirements. Record review of the "Order Review History Report" dated 10/31/24 revealed a physician order dated 4/12/24 "Enhance Barrier Precautions as of 4/1/2024 related to gastronomy status ..." A record review of the "Admission Record" revealed the facility admitted Resident #25 on 05/17/23 with diagnoses that included Aphasia related to Cerebral Infarction, Hemiplegia, and Gastrostomy Status. During an interview on 10/31/24 at 9:38 AM, the Infection Preventionist/LPN #3 confirmed that the	M1570	Assistant (CNA) #1, CNA #2, and Licensed Practical Nurse #1 was provided one on one education on following the care plan of residents with PEG tubes and catheters and facility's policy of Enhanced Based Precautions. On November 1, 2024, the Clinical Director of Nursing Services educated the Director of Nursing, Assistant Director of Nursing/Infection Preventionist, and Registered Nurse (RN) Supervisor on the facility's policy of Enhanced Based Precautions to include the criteria. On November 1, 2024, Nursing staff education was initiated by the Director of Nursing and Assistant Director of Nursing to include Infection Control and Enhanced Based Precautions with focus on Residents with catheters and peg tubes. On November 13, 2024, Director of Nursing and/or Registered Nurse (RN) Supervisor will observe residents with catheters and peg tubes to ensure staff is wearing appropriate Personal Protective Equipment (PPE) when providing care as directed by facilty's policy on Enhanced Based Precaution. This will be completed 5 times a week x 8 weeks to ensure compliance. Any adverse findings will be presented to the Quality Assurance and Performance Committee on December 5, 2024 for review action if indicated x 8 weeks.	

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M1570	Continued From page 3 facility had instituted EBP in March and conducted in-services. She stated that conditions requiring EBP include chronic wounds, catheters, and PEG tubes, and she expected staff to follow these guidelines. During an interview on 10/31/24 at 12:09 PM, the Director of Nursing (DON) stated that when performing resident care that involves close contact, staff are required to wear a gown in an effort to protect their uniform and the possibility of infections being transmitted to residents. The DON confirmed that CNA #1 should have worn a gown while providing catheter care to Resident #18 and that LPN #1 should have worn a gown while performing PEG tube care for Resident #25.	M1570		